

No. \_\_\_\_\_

MOTION FOR WAIVER ORDER

IN THE

UNITED STATES COURT OF APPEALS  
FOR THE FIFTH CIRCUIT

~~UNITED STATES GOVERNMENT ET AL~~ PETITIONER  
(Your Name)

United States District Court  
Southern District of Texas  
FILED

JUL 14 2016

David J. Bradley, Clerk of Court

VS.

~~BARACK HUSEIN OBAMA ET AL~~ — RESPONDENT(S)

1-16-CV-119

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached ~~EX PARTE MOTION-PETITION~~, without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

~~United States District Court, Southern District of Texas~~

~~Brownsville Division~~

☐ Petitioner has not previously been granted leave to proceed *in forma pauperis* in any other court.

☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ Petitioner's affidavit or declaration is not attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: \_\_\_\_\_, or

☐ a copy of the order of appointment is appended.

AS  
(Signature)

**AFFIDAVIT OR DECLARATION  
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, JAMES A-K ARUNGA, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$_____	\$_____	\$_____	\$_____
Self-employment	\$_____	\$_____	\$_____	\$_____
Income from real property (such as rental income)	\$_____	\$_____	\$_____	\$_____
Interest and dividends	\$_____	\$_____	\$_____	\$_____
Gifts	\$_____	\$_____	\$_____	\$_____
Alimony	\$_____	\$_____	\$_____	\$_____
Child Support	\$_____	\$_____	\$_____	\$_____
Retirement (such as social security, pensions, annuities, insurance)	\$_____	\$_____	\$_____	\$_____
Disability (such as social security, insurance payments)	\$ <u>530.00</u>	\$ <u>N/A</u>	\$ <u>477.00</u>	\$ <u>N/A</u>
Unemployment payments	\$_____	\$_____	\$_____	\$_____
Public-assistance (such as welfare)	\$_____	\$_____	\$_____	\$_____
Other (specify): _____	\$_____	\$_____	\$_____	\$_____
<b>Total monthly income:</b>	\$ <u>530.00</u>	\$ <u>N/A</u>	\$ <u>477.00</u>	\$ <u>N/A</u>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>None</u>	<u>N/A</u>	<u>N/A</u>	<u>\$ 0</u>
<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>\$</u>
<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>\$</u>

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.) No Spouse

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>	<u>-ditto-</u>	<u>-ditto-</u>	<u>\$ -ditto</u>
<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>\$</u>
<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>\$</u>

4. How much cash do you and your spouse have? \$0.66cents  
Below, state any money you or your spouse have in bank accounts or in any other financial institution. 0.66cents

Financial institution	Type of account	Amount you have	Amount your spouse has
<u>CapitalOne</u>	<u>Savings</u>	<u>\$ 15.00</u>	<u>N/A -0-</u>
<u>                    </u>	<u>                    </u>	<u>\$</u>	<u>\$</u>
<u>                    </u>	<u>                    </u>	<u>\$</u>	<u>\$</u>

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☐ Home None  
Value N/A

☐ Other real estate  
Value None & N/A

☐ Motor Vehicle #1 None  
Year, make & model                       
Value -0- None N/A

☐ Motor Vehicle #2 None  
Year, make & model                       
Value -0- None N/A

☐ Other assets  
Description None (Poorest-78years' SeniorCitizen)  
Value 000

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
Obama's HHS & SSAdmn.	\$over 10,000.00 in 18 previous and concurrent years.	\$ N/A
United Pael Serc.		\$ N/A
undue charges authorized by Obama administrations		\$

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
None and N/A		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home) Monthly Rnt.	\$385.00	\$ N/A
Are real estate taxes included <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64.00 Storage	
Is property insurance included <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 25.00	\$ N/A
Home maintenance (repairs and upkeep)	Burgett to make it survive \$ N/A-0-	\$ N/A
Food	\$ 20.00	\$ N/A/
Clothing	\$ 5.00	\$ N/A
Laundry and dry-cleaning	Nomoney for clothing	
	\$ -0- wash by hands	\$ N/A

Medical and dental expenses Only Plan A, \$ Paid for \$ N/A  
 available for me. No Obamacare Plan B, See Exhibit A-21: Pro se, am one of the Obamacare. That is not the way to treat senior citizens, when I put my life in summers collecting information for civil rights, working for Senator Hubert Horatio Humphrey. I quit Democratic Party, when Blacks in South Carolina, Georgia, North Carolina were paid, from voting for Humphrey-Musk Ticket in November National Election. I invented # fmls which have been used to build military equipment that found Alqd and eliminated sidewalk and road bombing against Americans in IRAQ. I DO NOT KNOW WHAT OBAMA AND HIS APPOINTEES TRYING TO DO AGAINST GOD'S SONS!

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☒ Yes ☐ No If yes, describe on an attached sheet.

Emergency Jury Trial will reimburse me all the monies that Obama administrations has and continue to take from my Social Security Benefits without probable cause, for I do not owe Obama nor Democrats endorsement for my monies I worked for.

10. Have you paid - or will you be paying - an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? -0- N/A

If yes, state the attorney's name, address, and telephone number: None and N/A

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form? No.

☐ Yes ☒ No

If yes, how much? N/A


If yes, state the person's name, address, and telephone number: None and N/A

12. Provide any other information that will help explain why you cannot pay the costs of this case.

Income verification that is below my least monthly expenses. I am also disabled senior citizen and am unable to work because of my disability.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: July 11, 2016

  
(Signature)

SOCIAL SECURITY ADMINISTRATION

Date: April 6, 2016  
Claim Number: XXX-XX-9659A  
XXX-XX-9659AI

JAMES A ARUNGA  
PO BOX 11521  
EUGENE, OR 97440-3721

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2014, the full monthly  
Social Security benefit before any deductions is.....\$ 530.10

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 530.00  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Information About Supplemental Security Income Payments

Beginning April 2016, the current  
Supplemental Security Income payment is.....\$ 0.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

There was no cost of living adjustment in Social Security benefits in December 2015. The benefit amount shown is current as of the date on this letter.

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

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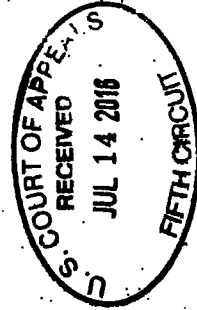
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FIFTH CIRCUIT  
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